PRINTER RUSH (PTO ASSISTANCE)

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| Application : (| 09/585/821 | | Sancier | GAU: | 1657 | | | | |
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| From: | <u> </u> | Location: | IDC FMF)FDC | Date: | 10/19/05 | | | | |
| | | Tracking #: | | Week Date: | : | | | | |
| | DOC CODE 1449 1DS CLM IIFW SRFW DRW OATH 312 SPEC | DOC DATE | MISCELL Continuing Foreign Price Document I Fees Other | Data ority | | | | | |
| [RUSHIMESSAGE: Please Charge Issue (ee (Revived Abandonment) Mankyon Wankyon | | | | | | | | | |
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NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

| | | PARTB | - FEE(S) | TRANSMITTAL | | | |
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| maintenance fee notification | iš | | E FEE and lers and notice specifying a | PUBLICATION FEE (if require fication of maintenance fees we new correspondence address; | red). Blocks 1 through 5 ill be mailed to the curren and/or (b) indicating a sep | should be completed where t correspondence address as parate "FEE ADDRESS" for | |
| 028977 75 | E ADDRESS (Note: Use Block I for a | 0 | PE | Fee(s) Transmittal. Thi papers. Each additional | s certificate cannot be used | for domestic mailings of the for any other accompanying tent or formal drawing, must | |
| MORGAN, LEW 1701 MARKET ST PHILADELPHIA, | | PAR | 1 hereby certify that the States Postal Service waddressed to the Mail | Certificate of Malling or Transmission 1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | |
| | | 91 | RADEN | Darryll | Pratcher | (Depositor's name) | |
| | | | | Dame | Rate | (Signature) | |
| | | | | Janary | 13,2005 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAME | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/585,821 | 06/01/2000 | | Yuan-Di Cha | ing Halvorsen | 5750-8B | 4699 | |
| TITLE OF INVENTION: M | IETHODS AND COMPOSI | TIONS FOR THE | DIFFERENT | TATION OF HUMAN PREADI | POCYTES INTO ADIPOC | CYTES | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | МО | \$1370 |) | 20 | \$1370 | 01/25/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| SAUCIER, | SANDRA E | 1651 | | 514-100000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | RESIDENCE DATA TO B an assignee is identified b and 37 CFR 3.11. Completion | | | T (print or type) pear on the patent. If an assign for filing an assignment. | ce is identified below, the | document has been filed for | |
| (A) NAME OF ASSIGN | EE | (B | B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| Artecel Scien | ics, Inc. | | Durham, NC | | | | |
| Diseas skipk the expension | e assignee category or catego | ries (will not be no | inted on the s | natent) : | omoration or other private o | group entity Government | |
| 4a. The following fee(s) are | | | . Payment of | <u>' </u> | | your contained | |
| Issue Fee | | • | A check in the amount of the fee(s) is enclosed. | | | | |
| ~ | small entity discount permitte | ed) | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to | | | | |
| Advance Order - # 0 | f Copies | | Deposit Acc | count Number 50-03 | harge the required lee(s), on the contract of | copy of this form). | |
| a. Applicant claims S | (from status indicated above MALL ENTITY status. See | 37 CFR 1.27. | | cant is no longer claiming SMA | | | |
| NOTE: The Issue Fee and F | is requested to apply the Iss rublication Fee (if required) ords of the United States Pat | will not be accepted | a irom anyon | ny) or to re-apply any previousle other than the applicant; a regi | y paid issue fee to the appli stered attorney or agent; or | cation identified above. the assignee or other party in | |
| Authorized Signature | Lucy | res/ | | Date J | anuzry 13, 3 | 2005 | |
| Typed or printed name _ | Quang Mau | , | | Registration | No. 52,066 | ad by the LICETO to amount) | |
| an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313 | lity is governed by 35 U.S.C pplication form to the USP1 s for reducing this burden, s time 22313-1450. DO NOT -1450. | O. Time will vary hould be sent to the SEND FEES OR (| depending use Chief Infor | to obtain or retain a benefit by to illection is estimated to take 12 ipon the individual case. Any comation Officer, U.S. Patent and D FORMS TO THIS ADDRESS illection of information unless it | minutes to complete, tactor minutes to complete, tactor minutes to complete, tactor Trademark Office, U.S. De S. SEND TO: Commissione | ting gathering, preparing, and time you require to complete the partment of Commerce, P.O. or for Patents, P.O. Box 1450, | |
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10/31/2005 DTERRY NUMBER OF FC: 1501